

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

STATE ETHICS
STATE OF STA

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PARTI LOBBYIST			<u> </u>
NAME(Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	м.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(7	ip Code)
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Honolulu, HI 968	(Fill in only if you are employed by a business		
Honolulu, HI 968	(Fill in only if you are employed by a business		) TELEPHONE
Honolulu, HI 968 EMPLOYING ORGANIZATION Goodsill Anderson	(Fill in only if you are employed by a business		TELEPHONE 808-547-5600

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
National Association of Settlement Purchasers	
c/o MultiState Associates Inc.	703-684-1110
MAILING ADDRESS (Street)	FAX
515 King Street, Suite 300	703-684-7912
(City) (State) (Zip	Code)
Alexandria, VA 22314	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Carrie Calvin	703-684-1110
MAILING ADDRESS (Street)	FAX
515 King Street, Suite 300	
,	703-684-0717
(City) (State) (Zip	Code)
Alexandria, VA 22314	4.

PART III DESCRIPTION OF	<u>F SUBJECTS UPON WHIC</u>	H YOU EXPECT TO LOBE	BY
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relat	ions, Tourism & Recreation
Consumer Protection & Commerce	Hawalian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Correcti	ons
PART IV CERTIFICATION O	OF LOBBYIST		
The state of the s	formation furnished above i	s, to the best of my knowled	dge, correct and complete.
(29)	h		
1 1 h	<u>/                                    </u>		16/06
L	Signature of Lobbyist)		(Date)
PART V AUTHORIZATION	TOLOBBY		
NAME	10 20001	TITLE OF ALITHODISING OF	ICER OR PERSON REPRESENTED
		TITLE OF AUTHORIZING OF	
PAUL W. HALI	LMAN		iState Associates)
PAUL W. HALI NAME OF ORGANIZATION (if applica			
NAME OF ORGANIZATION (if applications)		President (Mult	iState Associates)
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NAME OF ORGANIZATION (if applicational Associated of MultiStated MAILING ADDRESS (Street)  515 King Street, Suite	able) sociation of Sett ate Associates Inc	President (Mult	TELEPHONE 703-684-1110  FAX 703-684-7912
NAME OF ORGANIZATION (if applicational Associated Computational Associated National Nation	able) sociation of Sett ate Associates Inc	President (Mult	TELEPHONE 703-684-1110 FAX 703-684-7912 Code)
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